PTOISB/96 (12-04)
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Under the Paperwook Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid ONB control number. PATENT APPLICATION FEE DETERMINATION RECORD cation or Docket Number 0981732 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) HUMBER FILED HUMBER EXTRA RATE (\$) RATE (1) FEE (\$) FOR FEE (\$) BASIC FEE e/A NA N/A OF OFR LIBERY, (D), or (C) CEADOMERE NIA MA MA NEA OF OFR 1.16(1). (1. - (-)) **EXAMINATION FEE** NA 24ZA MA DI OFR LIS(e), (e), or (q)) TOTAL CLAIMS . minus 20 · OR (37 CFR 1.166)) DIDEPENDENT CLAIMS . mina 3 · (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size les due APPLICATION SIZE is \$250 (\$125 for small entity) for each D7 CFR 1.166-19 additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) NA MA If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II 3/30/06 OTHER THAN OR (Calumn 2) (Cotumn 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAMS REMARKING HICHEST NUMBER PRESENT RATE (S) RATE (1) ADDI-ADDI-106 PREVIOUS Y **EXTRA** THOMAS AFTER PAID FOR AMENDMENT FEE (\$) FEE (S) 24 Total 24 × 50 • ENDM OR Independent (17 CFR 1,100-1) x 200. Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MACTIFLE DEPENDENT CLAIM (DT CFR 1.150) NA OR NA TOTAL TOTAL ADD'L FEE Į 12-10 ADDI FEE 0 (Column 2) (Column 3) CLANS HIGHEST PRESENT NUMBER RATE (S) REMAINING ADOI-RATE (S) ADDI-8 AFTER PREVIOUSLY EXTRA TIONAL FEE (5) TIONAL PAID FOR AMENDMENT FEE (S) Total 24 OF CERTIFIE MONU OR . œ Application Size Fee (37 CFR 1.16(a)) FIRST PRESENTATION OF MALTIFLE DEPENDENT CLAIM (37 CFR L.180) MA OR 100 TOTAL TOTAL OR ADO'L FEE ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "2".

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "2".

The Tights Number Previously Paid For' (Total or independent) is the highest number bound in the appropriate bor in column 1.

This collection of information is required by 37 CFR 1,16. The information is required to obtain or entals a benefit by the public which is to the (and by the USPTO. The will vary depending upon the individual case, any comments on the amount of time you require to complete fils form another suppositions for reducing this burden, should be sent to the Chief laboration Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.